

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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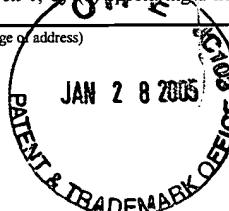
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21917 7590 12/16/2004

MCHALE & SLAVIN, P.A.
2855 PGA BLVD
PALM BEACH GARDENS, FL 33410
02/01/2005 FILING DATE 00000038 10824888

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:8001 30.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Debra A. Gerstemeier		(Depositor's name)
		(Signature)
1/25/2005		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,888	04/14/2004	Fred Zucker	2623U.001	7323

TITLE OF INVENTION: POLYAXIAL IMPACT TOOL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/16/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
GRANT, ALVIN J	3723		081-463000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McHale & Slavin, P.A.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

1/25/05

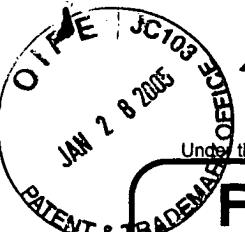
Typed or printed name Michael A. Slavin

Registration No. 34,016

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1030.00)

Complete if Known

Application Number	10/824,888
Filing Date	04/14/2004
First Named Inventor	Fred Zucker
Examiner Name	Alvin J. Grant
Art Unit	3723
Attorney Docket No.	2623U.001

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395			Utility filing fee	<input type="text"/>
1002 350	2002 175			Design filing fee	<input type="text"/>
1003 550	2003 275			Plant filing fee	<input type="text"/>
1004 790	2004 395			Reissue filing fee	<input type="text"/>
1005 160	2005 80			Provisional filing fee	<input type="text"/>
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	<input type="text"/> X <input type="text"/> = <input type="text"/>	
			- 3** =	<input type="text"/> X <input type="text"/> = <input type="text"/>	
				<input type="text"/> = <input type="text"/>	

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

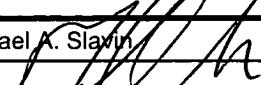
Large Entity

Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130			Non-English specification	<input type="text"/>
1812 2,520	1812 2,520			For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55			Extension for reply within first month	<input type="text"/>
1252 430	2252 215			Extension for reply within second month	<input type="text"/>
1253 980	2253 490			Extension for reply within third month	<input type="text"/>
1254 1,530	2254 765			Extension for reply within fourth month	<input type="text"/>
1255 2,080	2255 1,040			Extension for reply within fifth month	<input type="text"/>
1401 340	2401 170			Notice of Appeal	<input type="text"/>
1402 340	2402 170			Filing a brief in support of an appeal	<input type="text"/>
1403 300	2403 150			Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510			Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55			Petition to revive - unavoidable	<input type="text"/>
1453 1,370	2453 685			Petition to revive - unintentional	<input type="text"/>
1501 1,370	2501 685			Utility issue fee (or reissue)	1000.00
1502 490	2502 245			Design issue fee	<input type="text"/>
1503 660	2503 330			Plant issue fee	<input type="text"/>
1460 130	1460 130			Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180			Submission of Information Disclosure Stmt	<input type="text"/>
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 790	2809 395			Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810 790	2810 395			For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801 790	2801 395			Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900			Request for expedited examination of a design application	<input type="text"/>
Other fee (specify)		Advance Order-(10) copies of patent			30.00
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)			1030.00

SUBMITTED BY

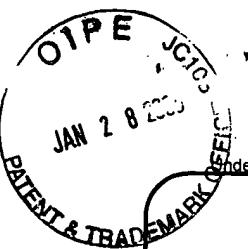
(Complete if applicable)

Name (Print/Type)	Michael A. Slavin	Registration No. (Attorney/Agent)	34,016	Telephone (561) 625-6575
Signature			Date	1/25/05

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TRANSMITTAL
FORM

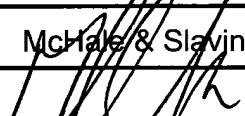
(to be used for all correspondence after initial filing)

		Application Number	10/824,888
		Filing Date	04/14/2004
		First Named Inventor	Fred Zucker
		Art-Unit	3723
		Examiner Name	Alvin J. Grant
Total Number of Pages in This Submission	5	Attorney Docket Number	2623U.001

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McHale & Slavin, P.A.		
Signature			
Printed name	Michael A. Slavin		
Date	1/25/05	Reg. No.	34,016

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Debra N. Gerstemeier	Date	1-25-2005

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